

PTO/SB/21 (04-07)

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4

Application Number 09/784,284

Filing Date February 15, 2001

First Named Inventor John Ricci

Art Unit 3738


Examiner Name Javier G Blanco

Attorney Docket Number 1065.28(B)

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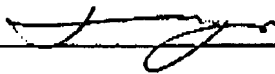
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Melvin K Silverman and Assocs PC		
Signature			
Printed name	YI LI		
Date	5/2/2007	Reg. No.	44,211

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Typed or printed name	YI LI	Date	5/2/2007

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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	1085.26B.1
	First Inventor	John Ricci
	Title	Orthopedic Implants Having Ordered Microgeometric Surface Patterns
	Express Mail Label No.	EB48144263BUS

<p style="text-align: center;">APPLICATION ELEMENTS</p> <p style="text-align: center;"><i>See MPEP chapter 800 concerning utility patent application contents.</i></p> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>32</u>] <i>Both the claims and abstract must start on a new page (For information on the preferred arrangement, see MPEP 608.01(a))</i> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>8</u>] 5. Oath or Declaration [Total Sheets <u>6</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> A copy from a prior application (37 CFR 1.83(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.83(d)(2) and 1.33(b).</i> ii. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or Paper c. <input type="checkbox"/> Statements verifying identity of above copies 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.78 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) <input type="checkbox"/> Landscape Table on CD 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, items a. - c. are required)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 	<p>ADDRESS TO: Commissioner for Patents P.O. Box 1460 Alexandria VA 22313-1460</p> <p style="text-align: center;">ACCOMPANYING APPLICATION PARTS</p> <ol style="list-style-type: none"> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) Name of Assignee _____ 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (PTO/SB/08 or PTO-1448) <input type="checkbox"/> Copies of citations attached 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/36 or equivalent. 17. <input type="checkbox"/> Other: _____ 										
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.78:</p> <p><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____</p> <p>Prior application Information: _____ Examiner: _____ Art Unit: _____</p>											
<p style="text-align: center;">19. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> The address associated with Customer Number: <u>27353</u> OR <input type="checkbox"/> Correspondence address below</p> <table border="1" style="width: 100%;"> <tr> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Address</td> </tr> <tr> <td>City</td> <td>State</td> </tr> <tr> <td>Country</td> <td>Zip Code</td> </tr> <tr> <td>Telephone</td> <td>Email</td> </tr> </table>		Name		Address		City	State	Country	Zip Code	Telephone	Email
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